

U.B.T. TRUCKING

50 - 60 HEAVEN

J.A.T. TRUCKING

Payroll Direct Deposit Authorization Form

Name _____ Social Security # _____ - _____ - _____

☐ Check If You Elect To **Not** Enroll In Direct Deposit. If Checked You Will Be Given Your Check Every Friday Morning

ONLY ONE DIRECT DEPOSIT ACCOUNT ALLOWED PER EMPLOYEE

Financial Institution Name _____

☐ Checking Account # _____ Routing # _____ (attach voided check)

OR

☐ Savings Account # _____ Routing# _____ (attach bank statement copy)

I _____, shall hold harmless and indemnify U.B.T. Trucking and/or 50-60 Heaven and/or J.A.T. Trucking and their officers and employees from any claim or demand of whatever nature including those based upon negligence of any or all of the above listed entities and their officer and employees brought by any person, including any financial institution(s) against any or all of the above listed entities in their respective capacity as employers concerning the payroll warrant distribution provided by U.B.T Trucking and/or 50-60 Heaven and/or J.A.T. Trucking.

I understand that submission of this form voids any and all previous direct deposit authorization forms I have previously submitted, including any direct deposits currently in effect.

Signature _____ Date _____

Phone # _____ email _____ (for communication regarding this process)

NOTE: It may take up to 30 days to activate a direct deposit account. In the meantime, you will continue to receive a paper warrant weekly for pay.

If you have any additional questions, please call Cathy Bagnara at (909) 910-9244 or Ty Granados at (760) 831-1523

ATTACH VOIDED CHECK HERE

OR

ATTACH BANK STATEMENT WITH FORM